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ORIGINAL

YEAR

1 A bill to be entitled

2 An act relating to health care information; providing a  
3 short title; providing purpose; amending s. 408.05, F.S.;  
4 renaming the State Center for Health Statistics; revising  
5 criteria for collection and use of certain health-related  
6 data; providing responsibilities of the Agency for Health  
7 Care Administration; providing for agency consultation  
8 with the State Consumer Health Information and Policy  
9 Advisory Council for the dissemination of certain consumer  
10 information; requiring the Florida Center for Health  
11 Information and Policy Analysis to provide certain  
12 technical assistance services; authorizing the agency to  
13 monitor certain grants; removing a provision relating to  
14 scope and application of provider data reporting; removing  
15 a provision that establishes the Comprehensive Health  
16 Information System Trust Fund as the repository of certain  
17 funds; renaming the State Comprehensive Health Information  
18 System Advisory Council; providing for duties and  
19 responsibilities of the State Consumer Health Information  
20 and Policy Advisory Council; providing for membership,  
21 terms, officers, and meetings; amending s. 408.061, F.S.;  
22 providing for health care providers to submit additional  
23 data to the agency; correcting a reference; amending s.  
24 408.062, F.S.; revising provisions relating to  
25 availability of specified information on the agency's  
26 Internet website; requiring a report; removing an obsolete  
27 provision; amending ss. 20.42, 381.001, 395.602, 395.6025,  
28 408.07, and 408.18, F.S.; conforming references to changes  
29 made by the act; providing an effective date.

BILL

ORIGINAL

YEAR

30  
31 Be It Enacted by the Legislature of the State of Florida:

32  
33 Section 1. This act may be cited as the "Coordinated Health  
34 Care Information and Transparency Act of 2006."

35 Section 2. The purpose of this act is to provide better  
36 coordination of health information for purposes of public health,  
37 policy analysis, and transparency of consumer health care  
38 information.

39 Section 3. Section 408.05, Florida Statutes, is amended to  
40 read:

41 408.05 Florida State Center for Health Information and  
42 Policy Analysis Statistics.--

43 (1) ESTABLISHMENT.--The agency shall establish a Florida  
44 State Center for Health Information and Policy Analysis  
45 Statistics. The center shall establish a comprehensive health  
46 information system to provide for the collection, compilation,  
47 coordination, analysis, indexing, dissemination, and utilization  
48 of both purposefully collected and extant health-related data and  
49 statistics. The center shall be staffed with public health  
50 experts, biostatisticians, information system analysts, health  
51 policy experts, economists, and other staff necessary to carry  
52 out its functions.

53 (2) HEALTH-RELATED DATA STATISTICS.--The comprehensive  
54 health information system operated by the Florida State Center  
55 for Health Information and Policy Analysis Statistics shall  
56 identify the best available data sources and coordinate the  
57 compilation of extant health-related data and statistics and  
58 purposefully collect data on:

BILL

ORIGINAL

YEAR

59 (a) The extent and nature of illness and disability of the  
60 state population, including life expectancy, the incidence of  
61 various acute and chronic illnesses, and infant and maternal  
62 morbidity and mortality.

63 (b) The impact of illness and disability of the state  
64 population on the state economy and on other aspects of the well-  
65 being of the people in this state.

66 (c) Environmental, social, and other health hazards.

67 (d) Health knowledge and practices of the people in this  
68 state and determinants of health and nutritional practices and  
69 status.

70 (e) Health resources, including physicians, dentists,  
71 nurses, and other health professionals, by specialty and type of  
72 practice and acute, long-term care and other institutional care  
73 facility supplies and specific services provided by hospitals,  
74 nursing homes, home health agencies, and other health care  
75 facilities.

76 (f) Utilization of health care by type of provider.

77 (g) Health care costs and financing, including trends in  
78 health care prices and costs, the sources of payment for health  
79 care services, and federal, state, and local expenditures for  
80 health care.

81 (h) Family formation, growth, and dissolution.

82 (i) The extent of public and private health insurance  
83 coverage in this state.

84 (j) The quality of care provided by various health care  
85 providers.

86 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.--In order to  
87 produce comparable and uniform health information and statistics

BILL

ORIGINAL

YEAR

88 for the development of policy recommendations, the agency shall  
89 perform the following functions:

90 (a) Coordinate the activities of state agencies involved in  
91 the design and implementation of the comprehensive health  
92 information system.

93 (b) Undertake research, development, and evaluation  
94 respecting the comprehensive health information system.

95 (c) Review the statistical activities of state agencies to  
96 ensure ~~the Department of Health to assure~~ that they are  
97 consistent with the comprehensive health information system.

98 (d) Develop written agreements with local, state, and  
99 federal agencies for the sharing of health-care-related data or  
100 using the facilities and services of such agencies. State  
101 agencies, local health councils, and other agencies under state  
102 ~~contract with the Department of Health~~ shall assist the center in  
103 obtaining, compiling, and transferring health-care-related data  
104 maintained by state and local agencies. Written agreements must  
105 specify the types, methods, and periodicity of data exchanges and  
106 specify the types of data that will be transferred to the center.

107 (e) The agency shall establish by rule the types of data  
108 collected, compiled, processed, used, or shared. Decisions  
109 regarding center data sets should be made based on consultation  
110 with the State Consumer Comprehensive Health Information and  
111 Policy System ~~System~~ Advisory Council and other public and private users  
112 regarding the types of data which should be collected and their  
113 uses.

114 (f) The center shall establish standardized means for  
115 collecting health information and statistics under laws and rules  
116 administered by the agency.

BILL

ORIGINAL

YEAR

(g) Establish minimum health-care-related data sets which are necessary on a continuing basis to fulfill the collection requirements of the center and which shall be used by state agencies in collecting and compiling health-care-related data. The agency shall periodically review ongoing health care data collections of the Department of Health and other state agencies to determine if the collections are being conducted in accordance with the established minimum sets of data.

(h) Establish advisory standards to ensure ~~assure~~ the quality of health statistical and epidemiological data collection, processing, and analysis by local, state, and private organizations.

(i) Prescribe standards for the publication of health-care-related data reported pursuant to this section which ensure the reporting of accurate, valid, reliable, complete, and comparable data. Such standards should include advisory warnings to users of the data regarding the status and quality of any data reported by or available from the center.

(j) Prescribe standards for the maintenance and preservation of the center's data. This should include methods for archiving data, retrieval of archived data, and data editing and verification.

(k) Ensure that strict quality control measures are maintained for the dissemination of data through publications, studies, or user requests.

(l) Develop, in conjunction with the State Consumer Comprehensive Health Information and Policy System ~~System~~ Advisory Council, and implement a long-range plan for making available health care quality measures performance outcome ~~performance outcome~~ and financial

BILL

ORIGINAL

YEAR

146 data that will allow consumers to compare health care services.  
147 The health care quality measures ~~performance outcomes~~ and  
148 financial data the agency must make available shall include, but  
149 is not limited to, pharmaceuticals, physicians, health care  
150 facilities, and health plans and managed care entities. The  
151 agency shall submit the initial plan to the Governor, the  
152 President of the Senate, and the Speaker of the House of  
153 Representatives by January 1, 2006, and shall update the plan and  
154 report on the status of its implementation annually thereafter.  
155 The agency shall also make the plan and status report available  
156 to the public on its Internet website. As part of the plan, the  
157 agency shall identify the process and timeframes for  
158 implementation, any barriers to implementation, and  
159 recommendations of changes in the law that may be enacted by the  
160 Legislature to eliminate the barriers. As preliminary elements of  
161 the plan, the agency shall:

162 1. Make available health care quality measures which shall  
163 include, but not be limited to, process measures, patient safety  
164 measures, inpatient quality indicators, preventable adverse drug  
165 events, performance measures, ~~outcome~~ and patient charge data  
166 collected from health care facilities pursuant to s.  
167 408.061(1)(a) and (2). The agency shall determine which  
168 conditions, ~~and~~ procedures, health care quality measures  
169 ~~performance outcomes~~, and patient charge data to disclose based  
170 upon input from the council. When determining which conditions  
171 and procedures are to be disclosed, the council and the agency  
172 shall consider variation in costs, variation in outcomes, and  
173 magnitude of variations and other relevant information. When

BILL

ORIGINAL

YEAR

determining which health care quality measures ~~performance~~  
~~outcomes~~ to disclose, the agency:

a. Shall consider such factors as volume of cases; average patient charges; average length of stay; complication rates; mortality rates; and infection rates, among others, which shall be adjusted for case mix and severity, if applicable.

b. May consider such additional measures that are adopted by the Centers for Medicare and Medicaid Studies, National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states.

When determining which patient charge data to disclose, the agency shall consider such measures as average charge, average net revenue per adjusted patient day, average cost per adjusted patient day, and average cost per admission, among others.

2. Make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to chapter 627 or chapter 641. The agency shall determine which health care quality measures ~~performance outcome~~ and member and subscriber cost data to disclose, based upon input from the council. When determining which data to disclose, the agency shall consider information that may be required by either individual or group purchasers to assess the value of the product, which may include membership satisfaction, quality of care, current enrollment or membership, coverage areas, accreditation status, premium costs, plan costs, premium increases, range of benefits, copayments and

BILL

ORIGINAL

YEAR

deductibles, accuracy and speed of claims payment, credentials of physicians, number of providers, names of network providers, and hospitals in the network. Health plans shall make available to the agency any such data or information that is not currently reported to the agency or the office.

3. Determine the method and format for public disclosure of data reported pursuant to this paragraph. The agency shall make its determination based upon input from the Consumer Comprehensive Health Information and Policy System Advisory Council. At a minimum, the data shall be made available on the agency's Internet website in a manner that allows consumers to conduct an interactive search that allows them to view and compare the information for specific providers. The website must include such additional information as is determined necessary to ensure that the website enhances informed decisionmaking among consumers and health care purchasers, which shall include, at a minimum, appropriate guidance on how to use the data and an explanation of why the data may vary from provider to provider. The data specified in subparagraph 1. shall be released no later than January 1, 2006, for the reporting of infection rates, and no later than October 1, 2005, for mortality rates and complication rates. The data specified in subparagraph 2. shall be released no later than October 1, 2006.

(4) TECHNICAL ASSISTANCE.--

(a) The center shall provide technical assistance to persons or organizations engaged in health planning activities in the effective use of statistics collected and compiled by the center. The center shall also provide the following additional technical assistance services:



BILL

ORIGINAL

YEAR

232        1.~~(a)~~ Establish procedures identifying the circumstances  
233 under which, the places at which, the persons from whom, and the  
234 methods by which a person may secure data from the center,  
235 including procedures governing requests, the ordering of  
236 requests, timeframes for handling requests, and other procedures  
237 necessary to facilitate the use of the center's data. To the  
238 extent possible, the center should provide current data timely in  
239 response to requests from public or private agencies.

240        2.~~(b)~~ Provide assistance to data sources and users in the  
241 areas of database design, survey design, sampling procedures,  
242 statistical interpretation, and data access to promote improved  
243 health-care-related data sets.

244        3.~~(c)~~ Identify health care data gaps and provide technical  
245 assistance to ~~seek cooperative agreements with~~ other public or  
246 private organizations for meeting documented health care data  
247 needs.

248        4.~~(d)~~ Assist other organizations in developing statistical  
249 abstracts of their data sets that could be used by the center.

250        5.~~(e)~~ Provide statistical support to state agencies with  
251 regard to the use of databases maintained by the center.

252        6.~~(f)~~ To the extent possible, respond to multiple requests  
253 for information not currently collected by the center or  
254 available from other sources by initiating data collection.

255        7.~~(g)~~ Maintain detailed information on data maintained by  
256 other local, state, federal, and private agencies in order to  
257 advise those who use the center of potential sources of data  
258 which are requested but which are not available from the center.

BILL

ORIGINAL

YEAR

259        ~~8.(h)~~ Respond to requests for data which are not available  
260 in published form by initiating special computer runs on data  
261 sets available to the center.

262        9. Be responsible for monitoring innovations in health  
263 information technology, informatics, and health information  
264 exchange and maintain a repository of technical resources for  
265 support of the Florida Health Information Network.

266        (b) The agency shall have the authority to administer,  
267 manage, and monitor grants to not-for-profit organizations,  
268 regional health information organizations, public health  
269 departments, or state agencies that submit proposals for  
270 planning, implementation, or training projects to advance the  
271 purposes of the Florida Health Information Network. All grant  
272 contracts shall be evaluated to ensure the effective outcome of  
273 the health information projects.

274        (c) The agency shall initiate, oversee, manage, and  
275 evaluate the integration of health care data from each state  
276 agency that collects, stores, and reports on health care issues  
277 and shall make that data available to health care practitioners  
278 through the Florida Health Information Network.

279        (5) PUBLICATIONS; REPORTS; SPECIAL STUDIES.--The center  
280 shall provide for the widespread dissemination of data which it  
281 collects and analyzes. The center shall have the following  
282 publication, reporting, and special study functions:

283        (a) The center shall publish and make available  
284 periodically to agencies and individuals health statistics  
285 publications of general interest, including health plan consumer  
286 reports and health maintenance organization member satisfaction  
287 surveys ~~HMO report cards~~; publications providing health

BILL

ORIGINAL

YEAR

288 statistics on topical health policy issues; publications that  
289 provide health status profiles of the people in this state; and  
290 other topical health statistics publications.

291 (b) The center shall publish, make available, and  
292 disseminate, promptly and as widely as practicable, the results  
293 of special health surveys, health care research, and health care  
294 evaluations conducted or supported under this section. Any  
295 publication by the center must include a statement of the  
296 limitations on the quality, accuracy, and completeness of the  
297 data.

298 (c) The center shall provide indexing, abstracting,  
299 translation, publication, and other services leading to a more  
300 effective and timely dissemination of health care statistics.

301 (d) The center shall be responsible for publishing and  
302 disseminating an annual report on the center's activities.

303 (e) The center shall be responsible, to the extent  
304 resources are available, for conducting a variety of special  
305 studies and surveys to expand the health care information and  
306 statistics available for health policy analyses, particularly for  
307 the review of public policy issues. The center shall develop a  
308 process by which users of the center's data are periodically  
309 surveyed regarding critical data needs and the results of the  
310 survey considered in determining which special surveys or studies  
311 will be conducted. The center shall select problems in health  
312 care for research, policy analyses, or special data collections  
313 on the basis of their local, regional, or state importance; the  
314 unique potential for definitive research on the problem; and  
315 opportunities for application of the study findings.

BILL

ORIGINAL

YEAR

~~(6) PROVIDER DATA REPORTING. This section does not confer on the agency the power to demand or require that a health care provider or professional furnish information, records of interviews, written reports, statements, notes, memoranda, or data other than as expressly required by law.~~

~~(6)(7) BUDGET; FEES; TRUST FUND.--~~

(a) The Legislature intends that funding for the Florida State Center for Health Information and Policy Analysis ~~Statistics~~ be appropriated from the General Revenue Fund.

(b) The Florida State Center for Health Information and Policy Analysis ~~Statistics~~ may apply for and receive and accept grants, gifts, and other payments, including property and services, from any governmental or other public or private entity or person and make arrangements as to the use of same, including the undertaking of special studies and other projects relating to health-care-related topics. Funds obtained pursuant to this paragraph may not be used to offset annual appropriations from the General Revenue Fund.

(c) The center may charge such reasonable fees for services as the agency prescribes by rule. The established fees may not exceed the reasonable cost for such services. Fees collected may not be used to offset annual appropriations from the General Revenue Fund.

~~(d) The agency shall establish a Comprehensive Health Information System Trust Fund as the repository of all funds appropriated to, and fees and grants collected for, services of the State Center for Health Statistics. Any funds, other than funds appropriated to the center from the General Revenue Fund, which are raised or collected by the agency for the operation of~~

BILL

ORIGINAL

YEAR

the center and which are not needed to meet the expenses of the center for its current fiscal year shall be available to the agency in succeeding years.

(7)(8) STATE CONSUMER ~~COMPREHENSIVE~~ HEALTH INFORMATION AND POLICY ~~SYSTEM~~ ADVISORY COUNCIL.--

(a) There is established in the agency the State Consumer Comprehensive Health Information and Policy System Advisory Council to assist the center in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities and to recommend improvements for purposes of public health, policy analysis, and transparency of consumer health care information ~~such system~~. The council shall consist of the following members:

1. An employee of the Executive Office of the Governor, to be appointed by the Governor.

2. An employee of the Office of Insurance Regulation, to be appointed by the director of the office.

3. An employee of the Department of Education, to be appointed by the Commissioner of Education.

4. Ten persons, to be appointed by the Secretary of Health Care Administration, representing other state and local agencies, state universities, business and health ~~the Florida Association of Business/Health~~ coalitions, local health councils, professional health-care-related associations, consumers, and purchasers.

BILL

ORIGINAL

YEAR

373 (b) Each member of the council shall be appointed to serve  
374 for a term of 2 4 years from the date of appointment, except that  
375 a vacancy shall be filled by appointment for the remainder of the  
376 term. ~~and except that:~~

377 ~~1. Three of the members initially appointed by the Director~~  
378 ~~of Health Care Administration shall each be appointed for a term~~  
379 ~~of 3 years.~~

380 ~~2. Two of the members initially appointed by the Director~~  
381 ~~of Health Care Administration shall each be appointed for a term~~  
382 ~~of 2 years.~~

383 ~~3. Two of the members initially appointed by the Director~~  
384 ~~of Health Care Administration shall each be appointed for a term~~  
385 ~~of 1 year.~~

386 (c) The council may meet at the call of its chair, at the  
387 request of the agency ~~department~~, or at the request of a majority  
388 of its membership, but the council must meet at least quarterly.

389 (d) Members shall elect a chair and vice chair annually.

390 (e) A majority of the members constitutes a quorum, and the  
391 affirmative vote of a majority of a quorum is necessary to take  
392 action.

393 (f) The council shall maintain minutes of each meeting and  
394 shall make such minutes available to any person.

395 (g) Members of the council shall serve without compensation  
396 but shall be entitled to receive reimbursement for per diem and  
397 travel expenses as provided in s. 112.061.

398 (h) The council's duties and responsibilities include, but  
399 are not limited to, the following:

400 1. To develop a mission statement, goals, and a plan of  
401 action based on the guiding principles specified in s. 282.3032

BILL

ORIGINAL

YEAR

402 for the identification, collection, standardization, sharing, and  
403 coordination of health-related data across federal, state, and  
404 local government and private-sector entities.

405 2. To develop a review process to ensure cooperative  
406 planning among agencies that collect or maintain health-related  
407 data.

408 3. To create ad hoc issue-oriented technical workgroups on  
409 an as-needed basis to make recommendations to the council.

410 (8)-(9) APPLICATION TO OTHER AGENCIES.--Nothing in this  
411 section shall limit, restrict, affect, or control the collection,  
412 analysis, release, or publication of data by any state agency  
413 pursuant to its statutory authority, duties, or responsibilities.

414 Section 4. Paragraph (b) of subsection (1) and subsection  
415 (10) of section 408.061, Florida Statutes, are amended to read:

416 408.061 Data collection; uniform systems of financial  
417 reporting; information relating to physician charges;  
418 confidential information; immunity.--

419 (1) The agency shall require the submission by health care  
420 facilities, health care providers, and health insurers of data  
421 necessary to carry out the agency's duties. Specifications for  
422 data to be collected under this section shall be developed by the  
423 agency with the assistance of technical advisory panels including  
424 representatives of affected entities, consumers, purchasers, and  
425 such other interested parties as may be determined by the agency.

426 (b) Data to be submitted by health care providers may  
427 include, but are not limited to: professional organization and  
428 specialty board affiliations, Medicare and Medicaid  
429 participation, types of services offered to patients, amount of  
430 revenue and expenses of the health care provider, and such other

BILL

ORIGINAL

YEAR

431 data which are reasonably necessary to study utilization  
432 patterns. Data submitted shall be certified by the appropriate  
433 duly authorized representative or employee of the health care  
434 provider that the information submitted is true and accurate.

435 (10) The agency shall be the primary source for collection  
436 and dissemination of health care data. No other agency of state  
437 government may gather data from a health care provider licensed  
438 or regulated under this chapter without first determining if the  
439 data is currently being collected by the agency and affirmatively  
440 demonstrating that it would be more cost-effective for an agency  
441 of state government other than the agency to gather the health  
442 care data. The secretary ~~director~~ shall ensure that health care  
443 data collected by the divisions within the agency is coordinated.  
444 It is the express intent of the Legislature that all health care  
445 data be collected by a single source within the agency and that  
446 other divisions within the agency, and all other agencies of  
447 state government, obtain data for analysis, regulation, and  
448 public dissemination purposes from that single source.  
449 Confidential information may be released to other governmental  
450 entities or to parties contracting with the agency to perform  
451 agency duties or functions as needed in connection with the  
452 performance of the duties of the receiving entity. The receiving  
453 entity or party shall retain the confidentiality of such  
454 information as provided for herein.

455 Section 5. Paragraphs (h) and (j) of subsection (1) and  
456 subsection (2) of section 408.062, Florida Statutes, are amended  
457 to read:

458 408.062 Research, analyses, studies, and reports.--



BILL

ORIGINAL

YEAR

(1) The agency shall conduct research, analyses, and studies relating to health care costs and access to and quality of health care services as access and quality are affected by changes in health care costs. Such research, analyses, and studies shall include, but not be limited to:

(h) The collection of a statistically valid sample of data on the retail prices charged by pharmacies for the 100 ~~50~~ most frequently prescribed medicines from any pharmacy licensed by this state as a special study authorized by the Legislature to be performed by the agency quarterly. If the drug is available generically, price data shall be reported for the generic drug and price data of a brand-named drug for which the generic drug is the equivalent shall be reported. The agency shall make available on its Internet website for each pharmacy, no later than October 1, 2006 ~~2005~~, drug prices for a 30-day supply at a standard dose. The data collected shall be reported for each drug by pharmacy and by metropolitan statistical area or region and updated quarterly.

(j) The making available on its Internet website beginning no later than October 1, 2004, and in a hard-copy format upon request, of patient charge, volumes, length of stay, and performance ~~outcome~~ indicators collected from health care facilities pursuant to s. 408.061(1)(a) for specific medical conditions, surgeries, and procedures provided in inpatient and outpatient facilities as determined by the agency. In making the determination of specific medical conditions, surgeries, and procedures to include, the agency shall consider such factors as volume, severity of the illness, urgency of admission, individual and societal costs, and whether the condition is acute or

BILL

ORIGINAL

YEAR

488 chronic. Performance ~~outcome~~ indicators shall be risk adjusted or  
489 severity adjusted, as applicable, using nationally recognized  
490 risk adjustment methodologies or software consistent with the  
491 standards of the Agency for Healthcare Research and Quality and  
492 as selected by the agency. The website shall also provide an  
493 interactive search that allows consumers to view and compare the  
494 information for specific facilities, a map that allows consumers  
495 to select a county or region, definitions of all of the data,  
496 descriptions of each procedure, and an explanation about why the  
497 data may differ from facility to facility. Such public data shall  
498 be updated quarterly. The agency shall submit an annual status  
499 report on the collection of data and publication of health care  
500 quality measures ~~performance outcome indicators~~ to the Governor,  
501 the Speaker of the House of Representatives, the President of the  
502 Senate, and the substantive legislative committees with the first  
503 status report due January 1, 2005.

504 (2) The agency may assess annually the caesarean section  
505 rate in Florida hospitals using the analysis methodology that the  
506 agency determines most appropriate. The data from this assessment  
507 shall be published periodically on the agency's Internet website.  
508 ~~To assist the agency in determining the impact of this chapter on~~  
509 ~~Florida hospitals' caesarean section rates, each provider~~  
510 ~~hospital, as defined in s. 383.336, shall notify the agency of~~  
511 ~~the date of implementation of the practice parameters and the~~  
512 ~~date of the first meeting of the hospital peer review board~~  
513 ~~created pursuant to this chapter. The agency shall use these~~  
514 ~~dates in monitoring any change in provider hospital caesarean~~  
515 ~~section rates. An annual report based on this monitoring and~~  
516 ~~assessment shall be submitted to the Governor, the Speaker of the~~

BILL

ORIGINAL

YEAR

517 ~~House of Representatives, and the President of the Senate by the~~  
518 ~~agency, with the first annual report due January 1, 1993.~~

519 Section 6. Subsection (3) of section 20.42, Florida  
520 Statutes, is amended to read:

521 20.42 Agency for Health Care Administration.--

522 (3) The department shall be the chief health policy and  
523 planning entity for the state. The department is responsible for  
524 health facility licensure, inspection, and regulatory  
525 enforcement; investigation of consumer complaints related to  
526 health care facilities and managed care plans; the implementation  
527 of the certificate of need program; the operation of the Florida  
528 ~~State~~ Center for Health Information and Policy Analysis  
529 ~~Statistics~~; the administration of the Medicaid program; the  
530 administration of the contracts with the Florida Healthy Kids  
531 Corporation; the certification of health maintenance  
532 organizations and prepaid health clinics as set forth in part III  
533 of chapter 641; and any other duties prescribed by statute or  
534 agreement.

535 Section 7. Subsection (3) of section 381.001, Florida  
536 Statutes, is amended to read:

537 381.001 Legislative intent; public health system.--

538 (3) It is, furthermore, the intent of the Legislature that  
539 the public health system include comprehensive planning, data  
540 collection, technical support, and health resource development  
541 functions. These functions include, but are not limited to, state  
542 laboratory and pharmacy services, the state vital statistics  
543 system, the Florida State Center for Health Information and  
544 Policy Analysis ~~Statistics~~, emergency medical services  
545 coordination and support, and recruitment, retention, and

BILL

ORIGINAL

YEAR

development of preventive and primary health care professionals and managers.

Section 8. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.--

(2) DEFINITIONS.--As used in this part:

(e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:

1. The sole provider within a county with a population density of no greater than 100 persons per square mile;

2. An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;

3. A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;

4. A hospital in a constitutional charter county with a population of over 1 million persons that has imposed a local option health service tax pursuant to law and in an area that was directly impacted by a catastrophic event on August 24, 1992, for which the Governor of Florida declared a state of emergency pursuant to chapter 125, and has 120 beds or less that serves an agricultural community with an emergency room utilization of no less than 20,000 visits and a Medicaid inpatient utilization rate greater than 15 percent;

BILL

ORIGINAL

YEAR

574           5. A hospital with a service area that has a population of  
575 100 persons or fewer per square mile. As used in this  
576 subparagraph, the term "service area" means the fewest number of  
577 zip codes that account for 75 percent of the hospital's  
578 discharges for the most recent 5-year period, based on  
579 information available from the hospital inpatient discharge  
580 database in the Florida State Center for Health Information and  
581 Policy Analysis Statistics ~~Statistics~~ at the Agency for Health Care  
582 Administration; or

583           6. A hospital designated as a critical access hospital, as  
584 defined in s. 408.07(15).  
585

586 Population densities used in this paragraph must be based upon  
587 the most recently completed United States census. A hospital that  
588 received funds under s. 409.9116 for a quarter beginning no later  
589 than July 1, 2002, is deemed to have been and shall continue to  
590 be a rural hospital from that date through June 30, 2012, if the  
591 hospital continues to have 100 or fewer licensed beds and an  
592 emergency room, or meets the criteria of subparagraph 4. An acute  
593 care hospital that has not previously been designated as a rural  
594 hospital and that meets the criteria of this paragraph shall be  
595 granted such designation upon application, including supporting  
596 documentation to the Agency for Health Care Administration.

597           Section 9. Section 395.6025, Florida Statutes, is amended  
598 to read:

599           395.6025 Rural hospital replacement  
600 facilities.--Notwithstanding the provisions of s. 408.036, a  
601 hospital defined as a statutory rural hospital in accordance with  
602 s. 395.602, or a not-for-profit operator of rural hospitals, is

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YEAR

not required to obtain a certificate of need for the construction of a new hospital located in a county with a population of at least 15,000 but no more than 18,000 and a density of less than 30 persons per square mile, or a replacement facility, provided that the replacement, or new, facility is located within 10 miles of the site of the currently licensed rural hospital and within the current primary service area. As used in this section, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida State Center for Health Information and Policy Analysis Statistics at the Agency for Health Care Administration.

Section 10. Paragraph (d) of subsection (43) of section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.--As used in this chapter, with the exception of ss. 408.031-408.045, the term:

(43) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida State Center for Health Information and Policy Analysis Statistics at the Agency for Health Care Administration; or

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YEAR

Population densities used in this subsection must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2012, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of s. 395.602(2)(e)4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this subsection shall be granted such designation upon application, including supporting documentation, to the Agency for Health Care Administration.

Section 11. Paragraph (a) of subsection (4) of section 408.18, Florida Statutes, is amended to read:

408.18 Health Care Community Antitrust Guidance Act; antitrust no-action letter; market-information collection and education.--

(4)(a) Members of the health care community who seek antitrust guidance may request a review of their proposed business activity by the Attorney General's office. In conducting its review, the Attorney General's office may seek whatever documentation, data, or other material it deems necessary from the Agency for Health Care Administration, the Florida State Center for Health Information and Policy Analysis Statistics, and the Office of Insurance Regulation of the Financial Services Commission.

Section 12. This act shall take effect upon becoming a law.